

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	2					
4	2					
5	2					
6	2					
7	2					
8	2					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
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50						
TOTAL IND.	1					
TOTAL DEP.	22	↔	↔	↔		
TOTAL CLAIMS	23	████████	████████	████████	████████	

	IND	DEP	IND	DEP	IND	DEP
51						
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TOTAL IND.						
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS	████████	████████	████████	████████	████████	